

# **EXHIBIT**

## **A**

# ATTENTION

## Extremely Confidential Information Enclosed

The enclosed confidential information was requested by Riley & Riley Attorneys At Law , the authorized requestor. NIX MEDICAL CENTER - TX contracts with ScanSTAT Technologies or one of its' affiliates to reproduce exact copies of the original record as specified in the request letter. This information is confidential and protected by State and Federal laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA).

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**Thank You!**

Our medical record professionals work hard to process your records securely and accurately. On behalf of our employees, affiliates, and their families, Thank you in advance for paying your bill on time.

ATTN: CHARLES RILEY  
RILEY & RILEY ATTORNEYS AT LAW  
320 LEXINGTON AVENUE  
San Antonio, TX 78215



**7827BCB32A694A44AB87**



Charles Riley  
charlesriley@rileylawfirm.com

320 Lexington Avenue  
San Antonio, Texas 78215-1913  
(210) 225-7236 (telephone)  
(210) 227-7907 (facsimile)

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FACSIMILE TRANSMISSION COVER PAGE

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**Date:** May 31, 2016

**To:** Nix Heath

**Fax:** (210) 271-1978

**Pages (including cover sheet):** 15

**Subject:** Our Client/Your Patient: Amelia Rios  
Date of Incident: October 23, 2015  
Date of Birth: February 25, 1934  
Type of Incident: Car Wreck

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Please call (210) 225-7236 ext. 15 if you have any problems receiving or reading this transmission.

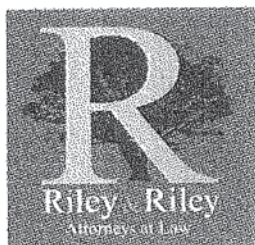
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**CONFIDENTIALITY NOTICE**

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MAY 31 2016

7827BCB32A694A44AB87, RIOS, 4



DARBY RILEY  
BOARD CERTIFIED/CIVIL TRIAL LAW  
TEXAS BOARD OF LEGAL SPECIALIZATION  
darbyriley@rileylawfirm.com

CHRIS RILEY, M.A.  
LEGAL ASSISTANT

CHARLES A. RILEY, P.C.  
charlesriley@rileylawfirm.com

May 31, 2016

NIX Health  
Attn: Medical Records  
414 Navarro Street, Suite 1720  
San Antonio, Texas 78205

Via Facsimile: (210) 271-1978

Re: Our Client/Your Patient: Amelia Rios  
Date of Incident: October 23, 2015  
Date of Birth: February 25, 1934  
Type of Incident: Car Wreck

To Whom It May Concern:

Pursuant to your letter, faxed herewith please find a HIPPA Authorization for my client, Amelia Rios.

I requested electronic copies of my client's medical records ("the records") pursuant to the HITECH ACT and its implementing regulation, 45 C.F.R. 164.524 *et seq.* For your convenience, I attach a copy of the regulation in question.

Pursuant to the above-cited federal law and regulation, your company is *required* to produce the records in electronic format if such records are readily producible in that format. See 45 CFR 164.524(c)(2)(ii). Furthermore, you are limited to charging my client a reasonable fee for these records that only includes the cost of: (1) labor for providing the requested records in electronic form; (2) supplies for creating the electronic media (e.g., CD or USB drive) if the patient requests that the electronic copy be provided on portable media; (3) postage, when the patient requests that the copy, or the summary or explanation, be mailed; and (4) preparation of an explanation or summary of the records, if agreed to by the patient. See 45 CFR 164.524(c)(4). Since Mrs. Rios is requesting that the records be provided in electronic format via email, the only fee that you may charge is a reasonable fee for the ten minutes or so that it would take to scan the records and email them to me.

You are required to produce the requested records as set forth above as soon as possible. See 45 CFR 164.524(b)(2).

320 Lexington Ave. San Antonio, TX 78215-1913 Tel: (210) 225-7236 Fax: (210) 227-7907

I understand that this is a relatively new law/regulation, and that many providers have not yet updated their procedures to comply with these rules. But it is important to our clients that we obtain their bills and records in a cost effective manner consistent with the law, and that is what we will do.

If I do not receive a timely and adequate response to this request, I will have no choice but to file a complaint with the Department of Health and Human Services regarding your non-compliance with the above-cited provisions of federal law.

Thank you for your attention to this matter. Please call with questions.

Very truly yours,

Charles Riley

CAR

From: <ScanSTAT Technologies>

To: RILEY RILEY

Page: 2/7

Date: 5/31/2016 9:30:23 AM

May 31, 2016

RILEY & RILEY  
320 LEXINGTON AVE  
SAN ANTONIO, TX 78215

Patient: AMELIA RIOS

Attention Requester:

We have received your request for copies of medical records on the above referenced patient. We are unable to complete processing of your request for the following reason(s):

- The release/authorization form has **expired** and is no longer valid.

If appropriate, please re-submit your request to:

Nix Medical Center - TX  
414 Navarro  
San Antonio, TX 78205  
**FAX 2102711978**

Thank you,

Release of Information Services  
Nix Medical Center - TX



From: <ScanSTAT Technologies> To: RILEY RILEY Page: 4/7 Date: 5/31/2016 9:30:23 AM  
From: RILEY&RILEY LAW 210 227 7907 05/27/2016 11:57 #157 P.001/004



Charles Riley  
charlesriley@rileylawfirm.com

320 Lexington Avenue  
San Antonio, Texas 78215-1913  
(210) 225-7236 (telephone)  
(210) 227-7907 (facsimile)

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**FACSIMILE TRANSMISSION COVER PAGE**

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**Date:** May 27, 2016

**To:** NIX Medical Records

**Fax:** (210) 271-1978

**Pages (including cover sheet):** 4

**Subject:** Our Client/Your Patient:

Date of Incident:

Date of Birth:

Type of Incident:

Amelia Rios

October 23, 2015

February 25, 1934

Car Wreck

Katherine Nasser  
Legal Assistant to Charles Riley  
(210) 225-7236, Ext. 15

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Please call (210) 225-7236 ext. 15 if you have any problems receiving or reading this transmission.

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30150425FUR0010389000, RIOS, 3-4

7827BCB32A694A44AB87, RIOS, 15

From: <ScanSTAT Technologies> To: RILEY RILEY Page: 5/7 Date: 5/31/2016 9:30:23 AM  
From: RILEY&RILEY LAW 210 227 7907 05/27/2016 11:57 #157 P.002/004



DARBY RILEY  
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CHRIS RILEY, M.A.  
LEGAL ASSISTANT

CHARLES A. RILEY, P.C.  
charlesriley@rileylawfirm.com

May 27, 2016

NIX Health  
Attn: Medical Records  
414 Navarro Street Ste.# 1720  
San Antonio, TX 78205

Via Telecopier (210) 271-1978

Re: Our Client/Your Patient: Amelia Rios  
Date of Incident: October 23, 2015  
Date of Birth: February 25, 1934

To Whom It May Concern:

Our firm represents Amelia Rios concerning an incident which happened on October 23, 2015 in which he was severely injured. It is requested that you forward us any and all medical records pertaining to your treatment of Ms. Rios since that date.

Please make sure that all itemized billing for treatment rendered is complete. Such medical records must include patient name, provider name, date(s) of service, description of service (ICD code), amount of service, the diagnosis code, and be on either a HCFA or UB2 form.

Enclosed please find a HIPPA medical authorization, as well as a request for these records made pursuant to the HITECH ACT which limits the amount of fees that may be charged in connection with my client's request for her medical records and bills.

Thank you for your prompt attention in this matter. Should you have any questions, please contact my assistant Katherine at (210) 225-7236 Ext. 15.

Very truly yours,

Charles Riley

320 Lexington Ave. San Antonio, TX 78215-1913 Tel: (210) 225-7236 Fax: (210) 227-7907

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7827BCB32A694A44AB87, RIOS, 16



RECEIVED

# Authorization for Use and Disclosure of Protected Health Information

## Patient Identification

Printed Name: Amelia Rios Date of Birth: 2-25-34  
 Address: 318 Sublett Dr  
San Antonio TX 78223-2460  
 Social Security #: [REDACTED] Telephone: [REDACTED]

## Information to Be Released - Covering the Periods of Health Care

From (date) May 21 2015 to (date) present

## Please check type of information to be released:

Complete health record	<input checked="" type="checkbox"/>	Diagnosis & treatment codes	<input checked="" type="checkbox"/>	Discharge summary	<input checked="" type="checkbox"/>
History and physical exam	<input checked="" type="checkbox"/>	Consultation reports	<input checked="" type="checkbox"/>	Progress notes	<input checked="" type="checkbox"/>
Laboratory test results	<input checked="" type="checkbox"/>	X-ray reports	<input checked="" type="checkbox"/>	X-ray films / images	<input checked="" type="checkbox"/>
Photographs, videotapes	<input checked="" type="checkbox"/>	Complete billing record	<input checked="" type="checkbox"/>	Itemized bill	<input checked="" type="checkbox"/>

Other, (specify) \_\_\_\_\_

## Purpose of Request

Treatment or consultation	<input checked="" type="checkbox"/>	At the request of the patient	<input checked="" type="checkbox"/>	Billing or claims payment	<input checked="" type="checkbox"/>
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## Who and Where to Send/Release Information

Name: Riley & Riley  
 Address: 320 Lexington Ave.  
San Antonio, Texas 78215

## Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release

I understand that if my medical or billing records contain information in reference to drug and/or alcohol abuse and treatment, or in reference to HIV/AIDS (Acquired Immunodeficiency Syndrome) testing and/or treatment, I have been afforded the opportunity to sign a specific authorization. Initial One: Yes ☒ No ☐ Not Applicable ☐

## Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the physician or appropriate healthcare provider. Unless revoked, this authorization will expire on the following date or event \_\_\_\_\_ or 180 days from the date of signature.

## Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

## Signature of Patient or Person Representative Who May Request Disclosure

I understand that I do not have to sign this authorization, and my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the protected health information to be used or disclosed. I authorize My Health to release the protected health information specified above.

A copy of this authorization shall have the same force and effect as the original.


Signature: Amelia R. Rios Date: 5/26/16

Authority to Sign if not patient: \_\_\_\_\_

Identity of Requester Verified via: Photo ID Matching Signature Other, specify \_\_\_\_\_

Verified by: \_\_\_\_\_

Pursuant to the above cited United States Code provisions, I, the subject patient in the above request from my attorney, request that my entire chart and file of medical records, billings, HICFA's, CMS 1500's, be provided to me, through my above identified attorney, at his address, and that I be billed for this service under terms of the applicable law.

  
Amelia Rios